SP0U21960002 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 07/09/2021 09:26 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (07/09/2021 09:26 (SGT))

# **SINGAPORE ACCIDENT STATEMENT**

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 4. The issue and acceptance of this is form by instrained companies.
   5. Any false reporting may be referred to the Police for investigation.
   6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

# **ACCIDENT STATEMENT**

Date of Submission 07/09/2021 09:26 (SGT) Date of Accident 05/09/2021 11:50 (SGT) Exact Location of Accident Kallang Way, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLC2927E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PETRINA LO LENG NRIC No. SXXXX821B Email Address PETRINA.LIVE@GMAIL.COM Mobile Phone No (Phone) +65-97766896 Alternative Phone No +65-97766896

VEHICLE PARTICULARS

Manufacturer Honda Model Jazz Variant Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1231

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 7210039415

Cover Note Number

DRIVER

Name of Driver RYAN LEMUEL YONG ZHI YING NRIC No. SXXXX270A

Date Of Birth 18/04/1999 Occupation Indoor Date Of Driving Pass 05/12/2019 Driving experience 1 YEAR AND 9 MONTHS Gender Mobile Number (Phone) +65-91395595 Alt. Phone Number Email Address RYAN.LEMUEL@ICLOUD.COM Address BLK 18 TELOK BLANGAH CRESCENT #05-162 Address complement Postcode 090018 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **CHERMAINE TEO** Gender Female PASSENGER 2 Name **RACHEL LEE** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Was there any audio recorded?

Was there any video captured by Car Camera?

Vehicle Registration Number	SMM1283X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV935U
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	riivale cai
	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Tetine

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of t	he Accident			
Rotor To	Attact	Rd,		
				3
	-			
	1			
				ee same
Declaration				
We declare the foregoing particula	rs are true in every resp	ect.		
f you wish to claim against your ow nust be made within the stipulated	n policy, please be advis	sed that your insurer may h	ave a fourteen (14) days with your insurer for mo	clause whereby the claim re details.
Teline	lly	/	Solution (V-7-88-200)	\rac{1}{2}
Policyholder's Signature / Date & Time	Driver's Signature (if o	driver is not the policyholde	r) / Date Witnessed Personnel	by Reporting Centre

To whom it may concern,

- 1 This is a statement recorded on the 05/09/2021 by myself with regards to a road traffic accident involving my vehicle, as well 2 other vehicles.
- On 5/09/2021 at about 1150hrs, I was driving my vehicle (SLC2927E) along Kallang Way flyover towards Sims Ave. I was on the right lane when the upcoming vehicle suddenly came to a stop. I immediately braked and came to a stop. In doing so, the rear coming vehicle also came to a stop, and collided with my vehicle. It was a clear day, dry ground, with mild traffic.
- 3 The front vehicle (SLV935U) sustained no obvious damages on the rear of his vehicle as claimed by the driver. And the rear vehicle (SMM1283X) sustained scratches/ damages on the front of her vehicle. No Persons sustained any injuries.
- 4 Damages on my vehicle include
  - 1) a small dent on my front carplate
  - 2) Dents on the rear of my car boot.
- 5 I have In-Car- Camera footages as well as photographs of the accident that happened.

Yours Sincerely, Ryan Lemuel Yong Zhi Ying

S9913270A

91395596

1 | A = SLU935U

A = SLU935U

B = SLC2972E

C = SMM 1285Y



















